

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |                                     |   |                       |   |   |    |   |   |   |   |
|---|-----------------------------------|-------------------------------------|---|-----------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>5/4/05</u>                      |                                   | 2 Serial/Patent # <u>10/718,083</u> |   |                       |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER<br>NUMBER                   | 5 DATE<br>FILED   | 6 AMOUNT              |   |   |    |   |   |   |   |
|   | Filing                            |                                     |   | \$                    |   |   |    |   |   |   |   |
|   | Amendment                         |                                     |   | \$                    |   |   |    |   |   |   |   |
|   | Extension of Time                 |                                     |   | \$                    |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal           |                                     |   | \$                    |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Petition                          | IFW                                 | 4/04/04   | \$ 130. <sup>00</sup> |   |   |    |   |   |   |   |
|   | Issue                             |                                     |   | \$                    |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc. |                                     |   | \$                    |   |   |    |   |   |   |   |
|   | Maintenance                       |                                     |   | \$                    |   |   |    |   |   |   |   |
|   | Assignment                        |                                     |   | \$                    |   |   |    |   |   |   |   |
|   | Other                             |                                     |   | \$                    |   |   |    |   |   |   |   |
|   |                                   |                                     | 7 TOTAL AMOUNT<br>OF REFUND   | \$ 130. <sup>00</sup> |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | 8 TO BE REFUNDED BY:                |   |                       |   |   |    |   |   |   |   |
|   | Overpayment                       | <input checked="" type="checkbox"/> | Treasury Check  |                       |   |   |    |   |   |   |   |
|   | Duplicate Payment                 |                                     | Credit Deposit A/C #:   |                       |   |   |    |   |   |   |   |
|   | No Fee Due (Explanation):         |                                     | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">0</td></tr></table> |                       | 1 | 1 | -- | 1 | 4 | 1 | 0 |
| 1   | 1                                 | --                                  | 1   | 4                     | 1 | 0 |    |   |   |   |   |
|   |                                   |                                     |   |                       |   |   |    |   |   |   |   |
|   |                                   |                                     |   |                       |   |   |    |   |   |   |   |
|   |                                   |                                     |   |                       |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |                                     |   |                       |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Derek L. Woods</u>             |                                   | TITLE: <u>Attorney</u>              |   |                       |   |   |    |   |   |   |   |
| SIGNATURE: <u>Derek L. Woods</u>                      |                                   | PHONE: <u>305-0014</u>              |   |                       |   |   |    |   |   |   |   |
| OFFICE: <u>Petition</u>                               |                                   |                                     |   |                       |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |                                     |   |                       |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>                          |                                   | DATE: <u>5-6-04</u>                 |   |                       |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*